SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section 1: Agreement Deta	ails						
Public Employer: Downe Township Board of Education County: County:						only: Cumberland	
Employee Organization	DTRA				Emj	ployees in Unit: 45	
Base Year Contract Term:	7/1/2007 6/30/2010 New Contract Te			tract Term 7/1/2			
Type of Settlement	☐ Mediated Settlement ☐ F		ct-Finder Recommendation		☑ Voluntary Settlement ☐ Super Conciliation		
-				lumn A • Total Costs	Colur New Base Year	· Total Costs	
			flast Year of P	revious agreement	(First Year of Succ	essor agreement)	
Section II: Economic							
	ary	•	\$1,898,478		\$1,681,821		
	rement	•	C40 000		\$40,660		
	ngevity		\$42,900		\$5,450		
	pends		\$2,500		- 35,450	—— I	
Item 6		•	1		·		
Rem 7		•	j 		•		
kem 8		•			· 		
tem 9		•	-	*	·		
tem 10		•		,			
tem 11		•			· · · · · · · · · · · · · · · · · · ·	<u></u>	
Item 12							
Any additional items list on apparatu st	rest	Additional fams					
Section III: Totals - sum of costs in each column			\$1 943 878		\$1,727,931		
			\$1,943,878				
			,	Total)	(Tota	m)	
Ocation H4			west to one	54545 ANALISIA			
Section IV: Avalysis of new success Total Base Year[previous agreement)			NEWAGKE	<u>ement analysis</u>			
to se pros 1 am fra stores all carrord	\$1,943,878	-					
Effective Date (m/d/yyy)		7/1/2011	7/1/2012	7/1/2013			
Percent increase		2.0% & RIF	2.0%	To be Neg.			
Total cost of increase			\$34,559				
Total base salary (successor agreemen	9		\$1,762,490				
Section V: Impact of Settler	nent - average annual inco	ease over term of agr	eement				
Percentage Impact (average per year o	wer farm of a greament)						
Dollar Impact (avarage per year over te	erii of agreemenţ						
Section VI							
Health Insurance (Indicate costs associ	isted on each the J						
Cost of Health Pian		Base Year	Year 1				
Employee Contributions					***************************************		
Prescription				· ———			
Dental							
Vsion				***************************************			
			***************************************		-		
The undersigned certifies the	hat the foregoing figures	are true and is awar	e that if any of the i	foregoing items are f	alse, s/he is subject to pur	<u>Isment.</u>	
Section VII	_					^	
Prepared by:	Sicol	Print Name	170	. Tr	tle: Sign	 	
		FINITIVATIVE	7	Oa	- / a	20/12-	
		Signature	<u> </u>		(A \ 2	61 /1 2-	